

Application
Kentucky Department of Education
Highly Skilled Educators Program
Deadline for Submission: October 31, 2005

Personal Information:

Mr. ____ Mrs. ____ Ms. ____ **Name (First, Middle, Last):**

Name preferred to be called by:

Home Address:

City, State, Zip:

Home Phone:

Cell Phone (Optional):

Home E-mail Address:

Ethnicity (Optional):

Social Security Number:

Date of Birth:

Present Employment:

School District:

School/Worksite:

Title:

Work Phone:

Work E-mail Address:

Grades that you have taught:

Are you currently teaching and what grade(s):

If not currently teaching, what year and grade(s) did you teach in last:

Tenure in current district: Yes_____ No_____

Years of teaching experience in Kentucky:

Are you a member of a local school board, Educational Standards Board, or other official educational governing board? Yes _____ No _____

If so, please state what: _____

Do you hold a political office? Yes _____ No _____

If so, please state what: _____

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THE FOLLOWING ITEMS (1-3) MUST BE COMPLETED AND RETURNED TO OUR OFFICE ON/OR BEFORE OCTOBER 31, 2005, IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.

- 1. Return a one-two page resume citing work history including dates, professional experiences and leadership roles (including SBDM) with dates and employers, which support your involvement in this program.**
- 2. Include four professional references regarding your qualifications for designation as a Highly Skilled Educator. Copy the Confidential References Questionnaire accompanying this application and distribute to your four choices. Please read and note all directions and deadlines.**
- 3. Complete the enclosed map as indicated and return with the application by October 31, 2005.**
- 4. Submit a videotape, at least 30 minutes in duration, which captures you delivering a portion of a lesson in a classroom setting with age appropriate students. (Applicants may wish to review KDE PD and teaching standards in preparation.) This videotape will be due on November 22, 2005, to be turned in upon your attendance at the Written Assessment. The video must be in either VHS or CD format and will not be returned.**

Return items 1-3 and this application by US mail to:

**Ms. Connie Lester
Kentucky Department of Education
Division of Scholastic Assistance
500 Mero St., Capital Plaza Tower, 6th Floor
Frankfort KY 40601**

READ AND SIGN THE FOLLOWING STATEMENT:

By applying for the Kentucky Highly Skilled Educators Program, I am participating in a selection process and may not be provided with feedback for personal growth and/or professional development needs. Further, I will respect the integrity and fairness of the process and those associated with it. In the event that I am selected and accept the position of Highly Skilled Educator, I agree to perform the duties as outlined in statute and regulation ([703 KAR 4:030](#)).

Signature of Candidate_____

Date_____